


 POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM

U.S. Patent Number	5,931,824
U.S. Serial Number	08/921,430
Issue Date:	August 3, 1999
Filing Date:	August 29, 1997
First Named Inventor	William W. Stewart et al.
Title	IDENTIFICATION AND ACCOUNTABILITY SYSTEM FOR SURGICAL SPONGES
Art Unit	3735
Examiner Name	MARK O. POLUTTA
Attorney Docket No.	21553-000110US

I hereby appoint:

 Practitioners associated with the Customer Number

20350

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

OR

 Firm or
Individual Name:

Address:

Address:

City:

State:

ZIP:

Country:

Telephone:

Fax:

I am the:

 Applicant/Inventor.

 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name: William W. Stewart

Signature:

Date: 5/19/04

Telephone:

404-257-4291

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 2 forms are submitted.



**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

U.S. Patent Number U.S. Serial Number	5,931,824 08/921,430
Issue Date: Filing Date:	August 3, 1999 August 29, 1997
First Named Inventor	William W. Stewart et al.
Title	IDENTIFICATION AND ACCOUNTABILITY SYSTEM FOR SURGICAL SPONGES
Art Unit	3735
Examiner Name	MARK O. POLUTTA
Attorney Docket No.	21553-000110US

I hereby appoint:

Practitioners associated with the Customer Number

20350

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Brian E. Stewart		
Signature	<i>Brian Stewart</i>		
Date	5/19/04	Telephone	(310) 446-3533
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of 2 forms are submitted.			